Third Quarter 2008

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists
Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

Number of People with Diabetes Increases to 24 Million!

Estimates of Diagnosed Diabetes Now Available for all U.S. Counties

Dr. Ann Albright, Director of the Division of Diabetes Translation for the Centers for Disease Control and Prevention (CDC)

Diabetes now affects nearly 24 million people in the United States, an increase of more than 3 million in approximately two years, according to new prevalence data estimates recently released by the Centers for Disease Control and Prevention (CDC). This means that nearly 8 percent of the U.S. population has diabetes.

In addition to the 24 million with diabetes, another 57 million people in the U.S. are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes. Rates of people who have diabetes but do not know it decreased from 30 percent to 25 percent over a two-year period.

"These new estimates have both good news and bad news," said Dr. Ann Albright, Director of the CDC Division of Diabetes Translation. "It is concerning to know that we have more people developing diabetes, and these data are a reminder of the importance of increasing awareness of this condition, especially among people who are at high risk. On the other hand, it is good to see that more people are aware that they have diabetes. That's an indication that our efforts to increase awareness are working, and more importantly, that more people are better prepared to manage this disease and its complications."

Among adults, diabetes increased in both men and women and in all age groups, but still disproportionately affects the elderly. Almost 25 percent of the population 60 years and older had diabetes in 2007. And, as in previous years, disparities exist among ethnic groups and minority populations including Native Americans, Blacks and Hispanics. After adjusting for population age differences between the groups, the rate of diagnosed diabetes was highest among Native Americans and Alaska Natives (16.5 percent). This was followed by Blacks (11.8 percent) and Hispanics (10.4 percent). By comparison, the rate for Asian Americans was 7.5 percent with Whites at 6.6 percent.

This data is an update of diabetes prevalence estimates last reported two years ago. The newest data is now published in the 2007 National Diabetes Fact Sheet developed by CDC in collaboration with multiple agencies under the U.S. Department of Health and Human Services and other federal agencies.

Continued on next page

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

Continued from front page

For the first time ever, CDC is also releasing estimates of diagnosed diabetes for all counties in the United States. Derived from the agency's Behavioral Risk Factor Surveillance Survey (BRFSS) and census data, the estimates provide a clearer picture of areas within states that have higher diabetes rates. "This new county data is an important step in identifying the places in a state that have the greatest number of people affected by diabetes," said Dr. Albright. "If states know which communities or areas have more people with diabetes, they can use that information to target their efforts or tailor them to meet the needs of specific communities."

According to Linda Geiss, CDC Diabetes Surveillance Division, Statistical Team, Betsy Gunnels has led the work to develop the first set of county estimates of diagnosed diabetes for the whole nation! To generate these county level estimates, the team at CDC applied Bayesian multilevel modeling techniques to BRFSS data and census estimates. The technique they used was similar to the one described in *Malec D, Sedransk J, Moriarity CL, LeClere FB, Small Area Inference for Binary Variables in the National Health Interview Survey, Journal American Statistical Association 1997; 92(439):815–826.*

For more information on diabetes, visit www.cdc.gov/diabetes.

CDC, through its Division of Diabetes Translation, funds diabetes prevention and control programs in all 50 states, as well as the District of Columbia and eight U.S. territories and island jurisdictions. The National Diabetes Education Program, co-sponsored by CDC and the National Institutes of Health (NIH), provides diabetes education to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of diabetes.


National Diabetes Fact Sheet, 2007

General Information

What is diabetes?

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

Types of diabetes

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone that regulates blood glucose. To survive, people with type 1 diabetes must have insulin delivered by injection or a pump. This form of diabetes usually strikes children and young adults, but can occur at any age. In adults, type 1 diabetes accounts for 5%–10% of diagnosed cases of diabetes. Risk factors for type 1 diabetes may be autoimmune, genetic, and environmental. There is no way to prevent type 1 diabetes. Several clinical trials testing ways to prevent type 1 diabetes are in progress or are being planned.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes usually occurs in adulthood. About 90% to 95% of all diagnosed cases of diabetes are type 2. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin increases, the pancreas gradually loses its ability to produce it. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are particularly high risk for type 2 diabetes and its complications. Type 2 diabetes in children and adolescents, although still rare, is being diagnosed more frequently among American Indians, African Americans, Hispanic/Latino Americans, and Asians/Pacific Islanders.

Gestational diabetes is a form of glucose intolerance diagnosed during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant. Immediately after pregnancy, 5% to 10% of

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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SAMPLE

To access the National Diabetes Fact Sheet, go to http://apps.nccd.cdc.gov/ddtstrs/FactSheet.aspx

Kentucky's Top Ten Counties With Highest Estimated Diabetes Prevalence

Floyd 12.7	**Letcher 12.4**	**Pike 12.3**
Whitley 12.3	**Fulton 12.1**	**Greenup 11.7**
Johnson 11.5	**Bell 11.4**	**Boyd 11.4**
Grayson 11.4		

To see YOUR Kentucky COUNTY estimated diabetes prevalence go to http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?stateId=21

New 2007 Smart BRFSS Data, Prevalence Tables, and Maps Available

The CDC's Behavioral Surveillance Branch in the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, is pleased to announce the joint release of the ***SMART BRFSS*** (**S**elected **M**etropolitan/Micropolitan **A**rea **R**isk **T**rends from the **B**ehavioral **R**isk **F**actor **S**urveillance **S**ystem) data, prevalence tables, and **BRFSS** Maps.

SMART BRFSS began with the analysis of data from the 2002 BRFSS. It now includes data from 2002 through 2007, with prevalence estimates for over 184 **M**etropolitan and **M**icropolitan **S**tatistical **A**reas (**MMSA**s), as well 298 counties within those areas.

As with the past data, the Web site includes the data sets and prevalence tables for **MMSA**s and counties, as well as pre-set Quick View charts which compare county, **MMSA**, and state data for seven select risk factors in an easy-to-print PDF format.

BRFSS Maps is a system that allows users to visualize the prevalence estimates, making them more accessible to a variety of audiences. Users can choose to map the entire country, or to zoom in on a region or state, including the **MMSA**s within that area. Users can also download GIS data files.

The ***SMART BRFSS*** data and prevalence tables are located at http://apps.nccd.cdc.gov/brfss-smart/index.asp.

The ***BRFSS Maps*** are located at http://apps.nccd.cdc.gov/gisbrfss/default.aspx.

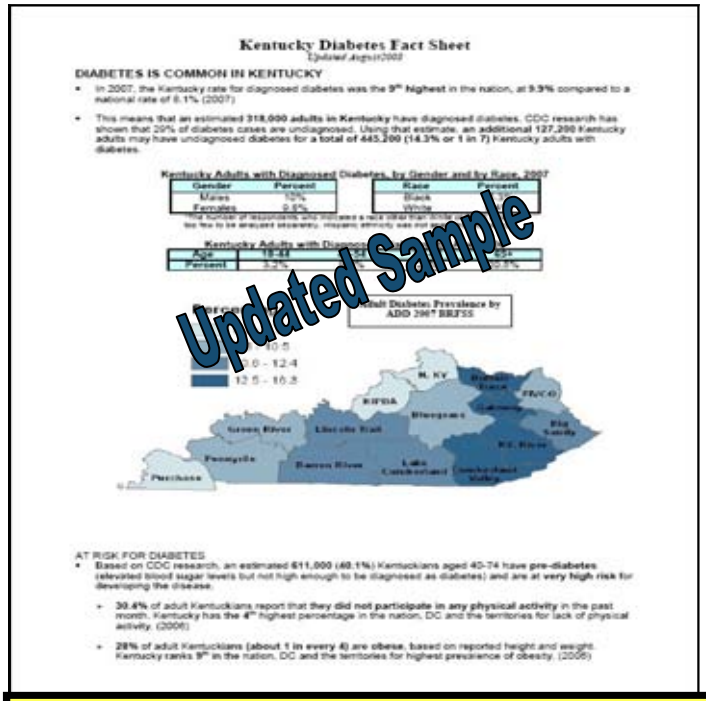
For more information, please contact Lina Balluz, Sc.D., M.P.H. at 770-488-2466 or lib7@cdc.gov.

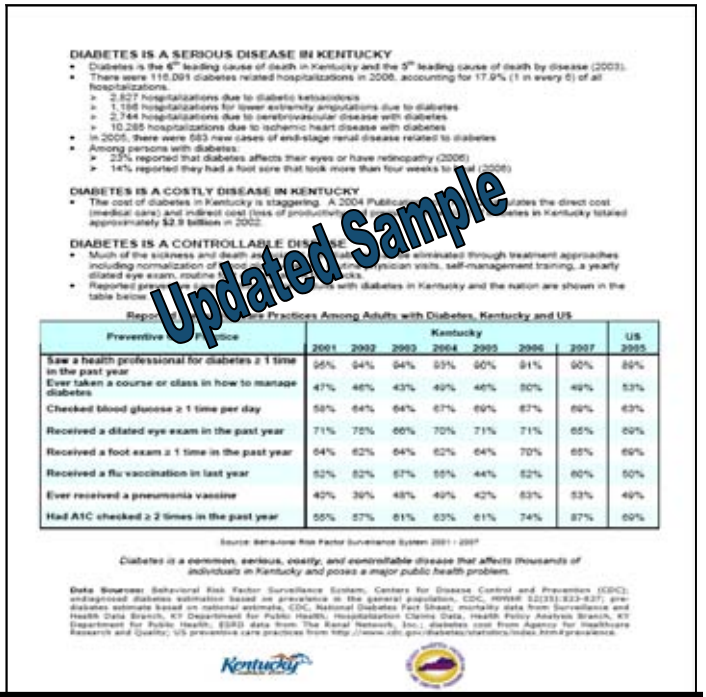
KENTUCKY DIABETES FACT SHEET

UPDATED AUGUST 2008

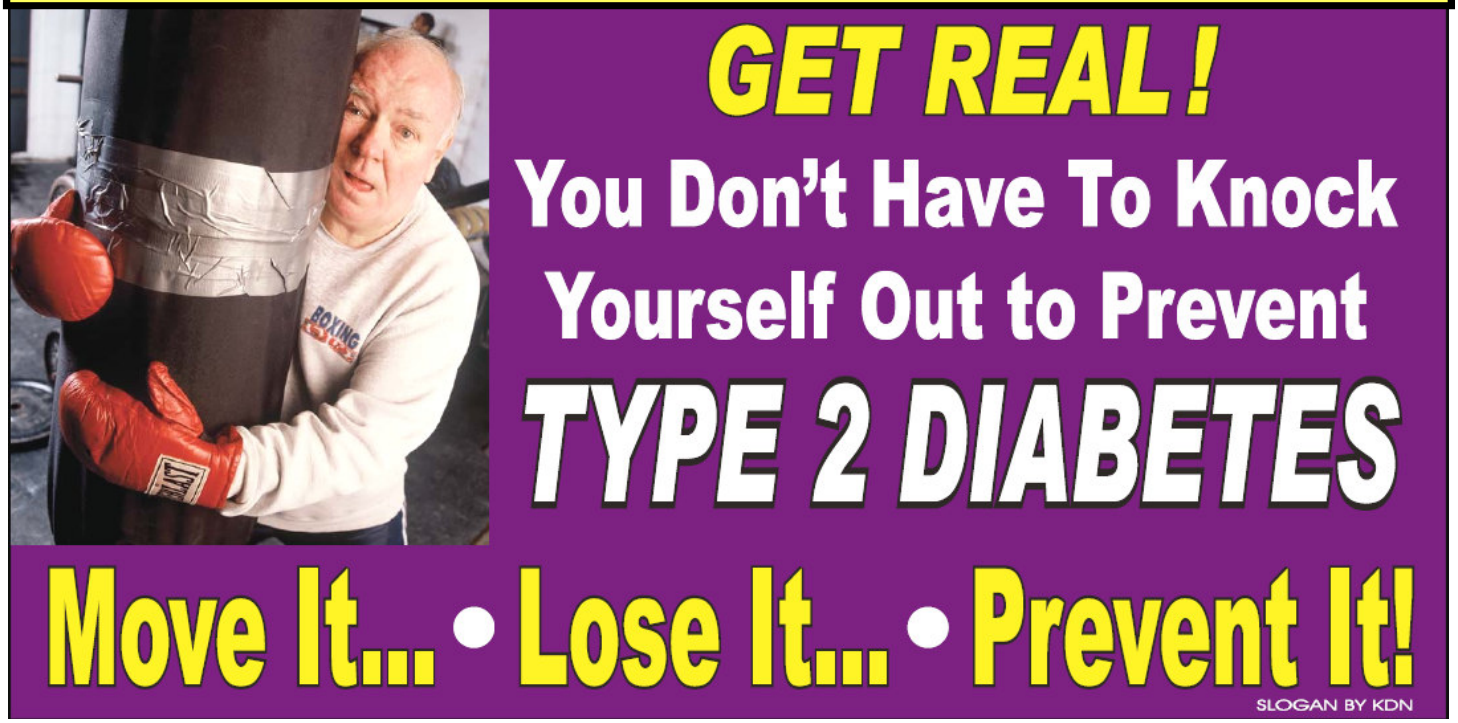
Kentucky Epidemiologists, Teri Wood and Yvonne Konner, with the Kentucky Department for Public Health, Kentucky Diabetes Prevention and Control Program, recently updated the ***Kentucky Diabetes Fact Sheet*** with the newest *2007 Behavioral Risk Factor Surveillance System* data. For copies of the newest Fact Sheets go to the state diabetes website at

www.chfs.ky.gov/dph/ach/cd/diabetes or call 502-564-7996.





PIKE COUNTY BILLBOARDS FOCUS ON DIABETES PREVENTION



Submitted by Paula Compton, RN, Pike County Health Department, and the Pikeville Diabetes Coalition, Pikeville, Kentucky

Sleep Apnea and Type 2 Diabetes — Treatment Improves Glycemia

Written Specifically for the Kentucky Diabetes Connection by Virginia Zamudio Lange RN, MSN, CDE, Past President of the American Association of Diabetes Educators (AADE). Virginia is currently working as an independent diabetes consultant, writer, speaker, and editor for diabetes publications.

Introduction

Sleep apnea is recognized as a serious health problem that impacts about 20 million U.S. adults; however, about 75% remain undiagnosed and untreated. Consideration of sleep apnea is especially important when evaluating patients who suffer from diabetes, obesity, hypertension and heart failure.[2,3] Clinical evidence indicates that sleep apnea impacts 35-77% of these patient populations; and treatment has been shown to improve glycemic control, reduce blood pressure and improve ejection fraction. [4,5,6,7]

Screening for sleep apnea can be easily incorporated into patient management. Given the significant risks associated with untreated sleep apnea, and the substantial benefits of therapy, healthcare professionals should assess all their diabetes patients for sleep apnea. In this article, a protocol for including sleep apnea screening in a diabetes education program is described.

What Exactly is Sleep Apnea?

Obstructive sleep apnea (OSA, or "sleep apnea") is a condition in which patients stop breathing for 10 seconds or more during sleep, sometimes hundreds of times in a night. Studies indicate that one in five adults suffer from sleep apneas, ranging in severity from mild to potentially lethal.[8] Approximately one quarter of men and one in ten women are affected by some form of sleep-disordered breathing (SDB), of which OSA is the most common. OSA increases in prevalence with the age of the patient and some degree of breathing cessation is experienced during sleep by nearly one-third of men between the ages of 50 to 60.[8] In spite of its prevalence as a condition, studies indicate that as many as 75% of those suffering from SDB go undiagnosed. [1]

Common Symptoms of Sleep Apnea Include: Snoring, Constant Fatigue, Poor Concentration, Depression, Lack of Energy, Weight Gain / Loss and Hypertension

Untreated sleep apnea leads to poor overall treatment outcomes for patients with type 2 diabetes and other common co-morbid conditions. For instance, sleep apnea has been cited as an identifiable cause of hypertension by the National Institutes of Health. While 33% of hypertensive patients have sleep apnea, that number increases to 80% for patients taking three or more medications to control their blood pressure (refractory hypertension). Sleep apnea is also strongly associated with obesity,[9] another common problem for individuals with diabetes. Most importantly, patients with untreated sleep apnea are at increased risk for cardiovascular disease, including heart failure and stroke. [10,11,12,13,14]

Sleep Apnea and Type 2 Diabetes

Sleep apnea is very common among people with diabetes. At the American Diabetes Association (ADA) meeting in June, the International Diabetes Federation (IDF) released a statement *that heath care providers should be aware of the possible clinical connections between type 2 diabetes and sleep apnea and it urged clinicians who treat patients with diabetes to evaluate those patients for sleep apnea.* Studies have shown that an independent association exists between both sleep apnea and insulin resistance and sleep apnea and glucose intolerance.[10,17] One study demonstrated a relationship between sleep apnea and glucose-insulin metabolism irrespective of age or obesity.[18]

Research shows that over 50% of patients with diabetes also have sleep apnea.[15] It should also be noted that 97% of those who are both obese and have type 2 diabetes suffer from sleep apnea.[16] (Foster 2005).

Based on this growing body of evidence, it is clear that patients with type 2 diabetes should be assessed for sleep apnea as a matter of standard practice.

Treatment

The good news is that sleep apnea is easily treatable with continuous positive airway pressure (CPAP). During CPAP therapy, a bedside device gently delivers pressurized air to the patient's airway through a small nasal mask or pillow system. The air pressure functions like a splint for the upper airway to prevent apneas from occurring. CPAP treatment quickly reduces daytime sleepiness and may lower the risk of co-morbidities. CPAP treatment is safe, effective and noninvasive.

Benefits of Treatment

CPAP therapy has substantial benefits for patients with diabetes. A recent study from the University of Chicago demonstrated that CPAP treatment of significant sleep apnea in patients with impaired glucose tolerance (IGT) or impaired fasting glucose (IFG) produced a marked improvement in glucose control and insulin sensitivity. The same study also suggested CPAP treatment may prevent or delay progression to diabetes in sleep apnea patients.[4] In several other studies, CPAP treatment has resulted in a rapid improvement in insulin sensitivity, glycemic control and leptin levels, as well as postprandial glucose values.[5,6,14]

In addition to evidence concerning the effects in diabetes patients, a large body of clinical research has proven that CPAP therapy improves cardiovascular function. It can dramatically lower blood pressure in hypertensive patients during both sleep and wakefulness.[5] CPAP treatment reduces a patient's risk of cardiovascular disease and stroke. This is of particular significance because hypertension, cardiovascular disease and stroke are among the top health risks for diabetes patients.[5, 10, 19, 20] CPAP treatment has also been associated with an improvement in depressive symptoms and sleep-related impairment for patients experiencing depression.[21]

Other Benefits

Patients with untreated sleep apnea rarely experience quality sleep. Consequently, they are often overwhelmed with excessive sleepiness and fatigue and struggle to find energy for exercise regimes. Treating sleep apnea in diabetes patients will improve their sleep apnea symptoms and may help them maintain a healthier weight and lifestyle.[1]

Treating Sleep Apnea:

- **Helps a person stay awake throughout the day**
- **Improves glucose control**
- **Increases energy**
- **Lowers blood pressure**
- **Helps improve cardiac function**

A Call to Action -- SCREEN FOR SLEEP APNEA

Evidence of the benefits of CPAP treatment for diabetes patients suggests that there is a significant opportunity for diabetes clinicians to improve their patients' treatment outcomes by identifying sleep apnea. A recommended protocol for managing type 2 diabetes patients through a sleep apnea screening process follows.

Assess

Assess your patients using three simple questions:
1. Do you snore?
2. Do you wake up tired after a full night of sleep?
3. Do you have high blood pressure?

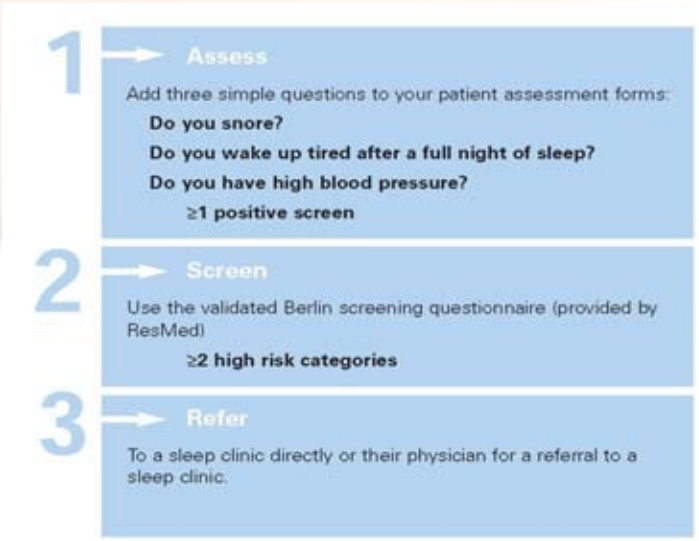
If the patient responds "yes" to any of these three questions, they should be screened using the Berlin Questionnaire, a validated screening tool for sleep apnea.

Screen

Have patients complete the Berlin Questionnaire (copy at http://www.billingsclinic.com/workfiles/ServicesPrograms/pdf/berlinquestionaire.pdf). This two part form allows patients to complete the top copy and provides a guide for scoring on the bottom copy. The Berlin questionnaire is a validated screening tool for sleep apnea that can be completed and scored in a few minutes. If the patient screens positive, he or she should be referred to a sleep clinic or their primary physician for a sleep study.

Refer

In the referral step, you can refer patients directly to a sleep clinic or to their physician for referral to a sleep clinic. For diabetes educators, the decision to refer a patient back to the primary care physician versus directly to a local sleep lab may be determined by the specific environment and situation. While some physicians may prefer to be integrally involved in every healthcare decision, others will be amenable to the educator referring the patient directly to a sleep lab for further evaluation. Determining which referral process will result in the most efficient follow-up for the patient is critical. In either scenario, keeping the primary physician informed about the referral to the sleep lab and about the subsequent test results is critical. Also important is ensuring that the physician and staff are educated about sleep apnea so they are also empowered to make the referral to the sleep lab or discuss sleep apnea with the patient.



Conclusion

As highlighted by the IDF consensus statement, the body of clinical data demonstrating the connections between sleep apnea and type 2 diabetes, cardiovascular disease, stroke, and hypertension clearly indicates the importance of screening for sleep apnea in patients with diabetes. An increasing number of studies shows the benefits of CPAP treatment in managing diabetes and suggest that treatment for diabetes and sleep apnea should go hand in hand. The significant under-diagnosis of sleep apnea reinforces the importance of assessing every patient with type 2 diabetes for sleep apnea. Given the simplicity of screening and availability of objective and cost-effective screening methods, clinicians should consider screening for sleep apnea a standard practice whenever managing a patient with type 2 diabetes.

Additional Resources

For more information about the links between sleep apnea and diabetes, please visit www.HealthySleepandDiabetes.com. This site provides you with the following educational tools:

- Patient educational brochures
- Sleep management kit

The American Association of Sleep Medicine (AASM) (http://www.sleepcenters.org) provides a list of board-certified sleep labs and clinicians. The American Sleep Apnea Association (ASAA) (www.sleepapnea.org) is a non-profit organization that promotes public awareness of sleep apnea and serves as an advocate for people affected by sleep apnea. ASAA offers patient educational resources such as a DVD that walks the viewer through a night of diagnostic monitoring in the sleep lab and continues through final diagnosis and treatment with CPAP therapy.

SLEEP LABS IN KENTUCKY *(from American Association of Sleep Medicine Website)*

Bowling Green
Sleep Diagnostics Center
Greenview Regional Hospital

The Physicians Center for Sleep Disorders

The Medical Center Sleep Center
The Medical Center at Bowling Green

Corbin
Sleep Disorders Center of Corbin

Covington
St. Elizabeth Sleep Disorders Center
St. Elizabeth Medical Center

Danville
Sleep Disorders Center of EMRMC
Ephraim McDowell Regional Medical Center

Elizabethtown
Hardin Memorial Hospital Sleep Center
Hardin Memorial Hospital

Florence
The Sleep Disorders Center
St. Luke Hospital West

Fort Thomas
The Sleep Disorder Center
St. Luke Hospital East

Frankfort
Central Kentucky Sleep Center
Frankfort Regional Medical Center

Hartford
Ohio County Hospital Sleep Center

Henderson
Sleep Related Breathing Disorders Laboratory*
Methodist Hospital

Hopkinsville
Sleep Disorders Center
Jennie Stuart Medical Center

Lexington
Lexington Clinic Sleep Center

Sleep Disorders Center of Lexington

UK Health Care Good Samaritan Hospital
University of Kentucky

Louisville
American Sleep Medicine of Louisville, KY

U of L Pediatric Sleep Medicine Center

Sleep Disorders Center Baptist Hospital East

Sleep Medicine Specialists

Louisville continued
University Sleep Center
University of Louisville Healthcare University Hospital

Norton Audubon Sleep Disorders Center
Norton Audubon Hospital

Sts. Mary & Elizabeth Sleep Disorders Center
Jewish Hospital & St. Mary HealthCare

Madisonville
Trover Foundation Sleep Disorders Center
Trover Foundation Regional Medical Center

Morehead
St. Claire Regional Medical Center's Sleep Lab
St. Claire Regional Medical Center

Murray
Murray Calloway County Hospital Sleep Disorders Center
Murray Calloway County Hospital

Owensboro
Sleep Laboratory*
Owensboro Medical Health System

Paducah
Sleep Source, Inc.

Diller Regional Sleep Disorders Center
Lourdes Hospital

Paris
The Sleep Lab*
Bourbon Community Hospital

Pikeville
Sleep Center Pikeville Medical Center
Pikeville Medical Center

Prestonsburg
Sleep Related Breathing Disorders Lab
Pikeville Medical Center

Richmond
Pattie A Clay Sleep Disorders Center
Pattie A Clay Regional Medical Center

Somerset
Sleep Disorders Center
Lake Cumberland Regional Hospital

Versailles
The Sleep Lab*
Blue Grass Community Hospital

ASSISTING PATIENTS WITH VISION IMPAIRMENT

FOR

HEALTH PROFESSIONALS

Submitted by: Mona L. Carpenter, Certified Ophthalmic Medical Technologist, Kentucky Eye Institute, Fayette County Diabetes Coalition

Anyone caring for patients with diabetes is eventually going to encounter patients with permanent vision impairments, or *"Low Vision"* patients. If you don't work in ophthalmology, it can be a challenge to know how to help them. Within this article are techniques health professionals can implement to take some of the apprehension or uncertainty out of dealing with *"Low Vision"* patients.

Patients with diabetes can have several types of vision problems, including diabetic retinopathy, glaucoma, and macular edema. From a functioning point of view, these diagnoses fall into two main categories of vision loss — peripheral (side vision loss) and central vision loss.

Peripheral Vision Loss

Glaucoma is a potential ophthalmic complication of diabetes that can result in side vision loss. Peripheral vision loss may also be the result of aggressive laser therapy used to halt the growth of new blood vessels in the peripheral retina due to diabetic retinopathy.

Patients with peripheral vision loss often see very well directly in front of them and can see well enough to recognize faces and fill out forms. However, you may notice that they may tend to kick furniture in their path or bump into door frames. It can be confusing to think of patients with 20/20 vision as being visually impaired, but these patients are just as limited as the person with 20/400 vision. The challenges are just different. For example, these patients cannot drive legally. Even though they may have perfect central vision, they cannot see traffic around or beside them, making lane changes or parking practically impossible. It would be like trying to drive while looking through two paper towel tubes.

How To Help Patients With Peripheral Vision Loss

If you are aware that the patient has peripheral vision problems, either noted in the chart from a past visit or in a letter from the ophthalmologist, then be cognizant of the impairment when calling him / her into the exam room. Calling out the patient's name into a crowded waiting room from a distant doorway can be challenging to a patient who may or may not be able to see you. Walk into the patient's line of vision before saying his name and watch the patient as he follows you. If he appears to be having trouble negotiating the furniture in your waiting room, then offer him your arm. Do not hold onto a patient's elbow and try to "steer" him into the right room. It is much easier to guide the patient if you are slightly in front and he is holding onto your elbow. Once in the room, give verbal directions such as, "Take the seat on your right". This allows the patient the independence to seat himself instead of being "placed" in the chair. When taking a medical history, place yourself in the patient's line of vision. Eye contact is important and reassuring.

Central Vision Loss

The second category of vision impairment is central vision loss. This can be due to age related macular degeneration or diabetic macular edema. Patients with central vision loss have difficulty seeing faces, reading, watching TV, signing their name, or any activity that involves seeing straight ahead. It is like trying to go through life with a smudge in the middle of your glasses that you can never clean off or see around. When talking to you, these patients may look slightly to the right or left of your face in order to see you by utilizing their side vision. The tendency may be to "lean" to get in the patient's direct line of sight, but if you do that, their view of you is blocked.

How To Help Patients With Central Vision Loss

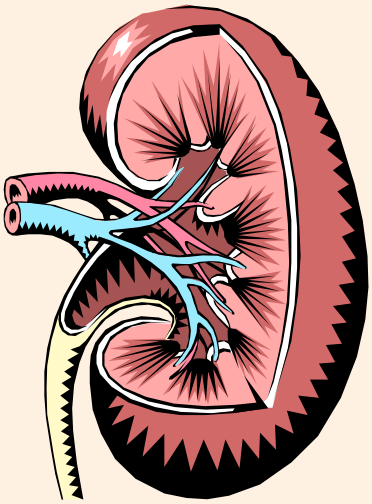
There are many different degrees of central vision loss, but all of these patients would benefit from having medical forms available in large print. If the patient can fill out his / her own insurance form and medical history form, it gives him / her more privacy and a greater sense of independence. It also saves time for the front office staff or allied health professional who would need to interview the patient in order to collect the information. Color vision is primarily in the macula, so diabetic macular edema may affect color vision. Therefore, forms in large print should be available on white, non-glossy paper. Many offices have color-coded forms and may not want to go to white forms. If that is the case, it is even more important to make sure those forms are available in large print and that the print is dark – not a faded copy. Contrast is very important, so black ink on white paper is best. Ideally, all pre-operative and post-operative instructions should be available in large print to help avoid mistakes or misunderstandings. Additionally, if you have an office webpage, add a link that makes it possible to view the website in a larger font.

These suggestions are for low vision patients who need a little help. There are many more techniques or suggestions for assisting blind patients, but that is another topic. If you are not sure how much help or what kind of help your patients need, just ask them. They will be pleased to know that you have noticed and are sensitive to their needs. They can tell you exactly what would help them best. For more information visit, KY Eye Institute http://www.kyeye.com/ .

Nearly 1000 Kentuckians Screened for Kidney Disease in 2007

Submitted by: Laura Temple, National Kidney Foundation of Kentucky, Louisville, KY

In 2007, the National Kidney Foundation of Kentucky and its partners across the state, screened nearly 1000 Kentuckians (929 people) in 14 sites for kidney disease! These partners included diabetes coalitions, diabetes educators, and area health centers and hospitals who worked collaboratively to provide these critical tests for Kentuckians with diabetes as well as individuals with other kidney disease risk factors.



In recent years, Chronic Kidney Disease (CKD) has received increased attention as a public health concern worldwide. A recent study found that the rate of CKD has grown 30 percent in the U.S., with more than 26 million people living with the disease. The prevalence has increased from one in every 10 adults to about one in every 7 to 8 — a figure likely to rise due to high obesity rates (1/3 of all adults), the link between obesity, diabetes and hypertension (all risk factors), and the aging of the Baby Boom generation (another risk factor).

The ***Kidney Early Evaluation Program (KEEP)*** of the National Kidney Foundation is a prevention education program for individuals at increased risk of developing CKD. ***KEEP*** serves as a vehicle to identify people at risk for diabetes, hypertension, CKD, and cardiovascular disease so that the appropriate disease management measures are taken to improve health status. Participants receive blood and urine tests and consult with an on-site healthcare professional about screening results. A variety of educational materials and physician referrals for follow-up care are also provided.

In 2007, the National Kidney Foundation of Kentucky screened 929 people for kidney disease. Three additional screening areas were scheduled during 2007, including Fayette, Scott, and Harrison counties. The screening sites and the number of individuals screened are as follows:

- **Lexington (33 participants)**
- **Louisville (89 participants)**
- **Paducah (65 participants)**
- **Bowling Green (83 participants)**
- **Georgetown (85 participants)**
- **Owensboro (64 participants)**
- **Madisonville (30 participants)**
- **Cynthiana (141 participants)**
- **Danville (61 participants)**
- **Louisville (36 participants)**
- **Maysville (54 participants)**
- **Henderson (51 participants)**
- **Richmond (54 participants)**
- **Paris (83 participants)**

Results:

Of the 929 people tested, it is significant to note the following:

- **61% learned they may have kidney disease**
- **9% learned they may have hypertension**
  - **4% learned they may have diabetes**
  - **90% had at least one value outside the normal range (values tested include hypertension, microalbuminuria, hematuria, pyuria, albumin to creatinine ratio, creatinine, glucose, hemoglobin, eGFR, PTH, calcium, phosphorus, total cholesterol, and triglycerides).**

KEEP is designed specifically for persons with known hypertension and/or diabetes and those who have first-degree relatives with hypertension, diabetes, or CKD. Forty eight percent of participants were aware of a pre-existing condition for diabetes and 68% of participants reported a pre-existing condition for hypertension. If you would like more information on KEEP, please contact Laura Temple at 502-585-5433 or ltemple@nkfk.org

Pike County Billboards Focus on Diabetes Prevention

Submitted by Paula Compton, RN, Pike County Health Department, and the Pikeville Diabetes Coalition, Pikeville, Kentucky

New CDC Study Finds Arthritis Can be a Barrier for Adults Seeking to Manage Diabetes through Physical Activity

Source: Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA 30333, Public Inquiries: (404) 639-3534

More than half of adults with diagnosed diabetes also have arthritis, a painful condition that can be a barrier to physical activity—an important health strategy for managing diabetes, according to a study released recently by the Centers for Disease Control and Prevention.

Nationwide, 46.4 million adults have arthritis and 20.6 million adults have diabetes, with nearly 7 in 10 having had diabetes diagnosed by a health professional. Research shows that engaging in joint-friendly activities such as walking, swimming, or biking can help manage both conditions.

The study, ***"Arthritis as a Potential Barrier to Physical Activity among Adults with Diabetes: United States, 2005 and 2007,"*** analyzed data on the prevalence of physical inactivity among adults with arthritis and diabetes in all 50 states, the District of Columbia, and U.S. territories.

The study suggests that the presence of arthritis acts as an additional barrier to physical activity among those with diabetes. The study found that 29.8 percent of adults with arthritis and diabetes were inactive, compared with 21.0 percent of people with diabetes alone, 17.3 percent of those with arthritis alone, and 10.9 percent of adults with neither condition.

The study also found that the percentage of adults with diabetes and arthritis who are physically inactive varied among states, ranging from 20.2 percent in California to 46.4 percent in Tennessee.

"People who have arthritis, diabetes or both benefit from being physically active," said Janet Collins, Ph.D., director, CDC's National Center for Chronic Disease Prevention and Health Promotion. "We know it can be difficult, but regular physical activity helps in many ways. For people with diabetes, physical activity helps control blood glucose and risk factors for complications. For people with arthritis, physical activity reduces pain, and improves function."

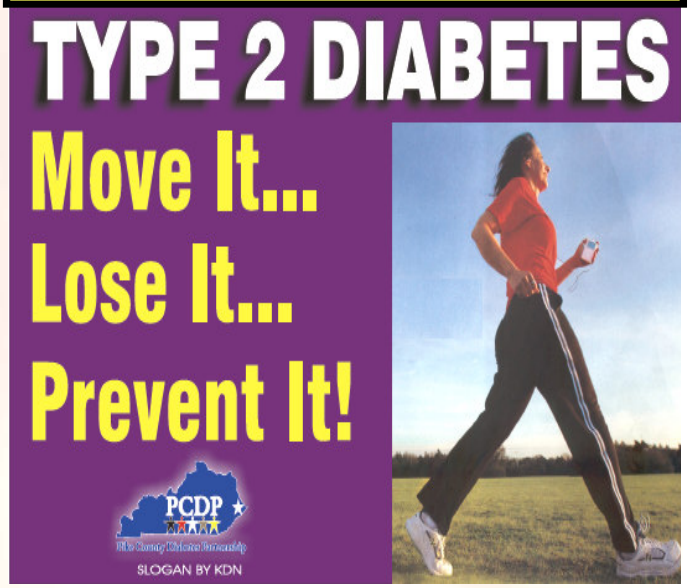
Adults with arthritis and diabetes have unique barriers to being physically active such as concerns about pain, aggravating or worsening joint damage, and not knowing how much or what types of physical activity are safe for them. These concerns must be addressed for adults with both conditions to become more physically active.

"These findings suggest more needs to be done to help people with diabetes and arthritis get physically active to improve their health," said Chad Helmick, M.D., a CDC medical epidemiologist and co-author on the study. "Engaging in regular physical activity and maintaining a healthy weight can help alleviate the pain and disability that often accompany arthritis."

Disease self-management classes, including exercise programs that address arthritis-specific barriers, may help adults with arthritis and diabetes better manage their disease. Programs proven to be effective in managing arthritis, such as the Chronic Disease Self-Management Program, the Arthritis Foundation's Exercise Program, and Enhance Fitness, are available in many local communities nationwide. For more information, visit CDC's Arthritis Web site at http://www.cdc.gov/arthritis/intervention.

For general information about diabetes, visit CDC's Diabetes Public Health Resource Web site at http://www.cdc.gov/diabetes.

Pike County Billboards Focus on Diabetes Prevention



Submitted by Paula Compton, RN, Pike County Health Department, and the Pikeville Diabetes Coalition, Pikeville, Kentucky

DIABETES EXERCISE AND SPORTS ASSOCIATION IS ACTIVE!

Submitted by: Doug Dressman, Executive Director, Diabetes Exercise and Sports Association (DESA), Louisville, KY

Founded 23 years ago in Phoenix, Arizona by Paula Harper, RN, a long distance runner with type 1 diabetes, the **Diabetes Exercise and Sports Association (DESA)** is dedicated to enhancing the quality of life for people with diabetes through exercise and physical fitness.

Paula started **DESA** with four simple words, ***"I run on insulin".*** She put those words on the back of a t-shirt and showed up at her sixth marathon event 13 years after her diagnosis. Her objective? To meet other runners with diabetes and talk about how they successfully train and compete while dealing with their diabetes.

Founded originally as the International Diabetic Athletes Association (IDAA), the organization was renamed the ***Diabetes Exercise and Sports Association*** in 2000.

In December 2007, **DESA** hired their first Executive Director, Doug Dressman. During the early to mid 1990's, Doug served as the Executive Director of Kentucky's American Diabetes Association (ADA). Doug is glad to again be involved in diabetes and active with the Kentucky Diabetes Network.

Doug Dressman, Executive Director, Diabetes Exercise and Sports Association (DESA)

"I am excited about this opportunity to serve as the Executive Director of **DESA**. We have unbelievable potential to serve people with diabetes by showing them not only the role that exercise and physical fitness plays in managing their disease, but how they can realize their dreams as an athlete."

DESA's objectives include:

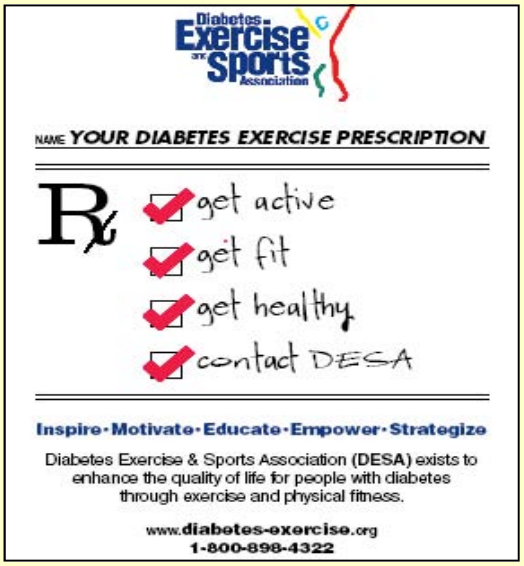
- ***Educate people of all ages with diabetes and their health care providers about the role of exercise in enhancing health.***
- ***Create opportunities for those with diabetes to participate in a broad range of recreational, sport and athletic activities.***
- ***Enhance self-care and self-management skills among sports-minded individuals with diabetes.***
- ***Promote networking, support and sharing of experiences among physically active people with diabetes.***
- ***Improve clinical skills among health professionals working with active individuals with diabetes.***
- ***Inform and educate coaches, trainers, parents and others supporting active individuals with diabetes.***
- ***Provide a forum for exchanging information and access to resources and role models.***
- ***DESA will act as the Diabetes and Exercise experts.***

"We are here for the person with type 1, type 2 and gestational diabetes", Dressman said. "As you can see from our objectives, we want to work not only with the person who has diabetes, but also their health care team, their family, coach, fitness instructor, and anyone involved in helping them work towards a healthier and active life with diabetes."

With the goal of developing tools (information, programs and services) that health care professionals can put in their toolbox to be used with their diabetes patients, **DESA** has developed an Exercise Prescription Pad. The "exercise prescription" is a call-to-action for a person with diabetes to "Get Active, Get Fit, Get Healthy – Contact **DESA**". If you would like to have the Exercise Prescription available for your diabetes patients, please contact **DESA** and request one or more 50-sheet Exercise Prescription pads.

DESA plans to be active in communities across the country and have a very strong web presence. You will likely see **DESA** represented at annual conferences and meetings of organizations such as the American Diabetes Association, Children with Diabetes, Juvenile Diabetes Research Foundation International, American Association of Diabetes Educators, American Dietetic Association, American College of Sports Medicine, and the National Strength and Conditioning Association.

For more information about the Diabetes Exercise and Sports Association, please visit www.diabetes-exercise.org Doug may be reached at dougdressman@diabetes-exercise.org.



Free Exercise Prescription Pads Available through DESA 1-800-898-4322

Diabetes Coalition Joins Local Chamber of Commerce

Plans to Work with Area Businesses in Diabetes Prevention and Control Activities

Pictured from left to right: Cathy Franey (Chamber member), Rich Nading, Debbie Fillman, David Vowels, Merritt Thomas, Mary Tim Griffin, Sheila Horn, Paul Puckett, Janice Haile, John Oberst, Bernice Galloway, Susanne Bartlett (Chamber member).

Submitted by: Mary Tim Griffin, RD, LD, Kentucky Diabetes Prevention and Control Program of the Green River District Health Department, KDN, TRADE member

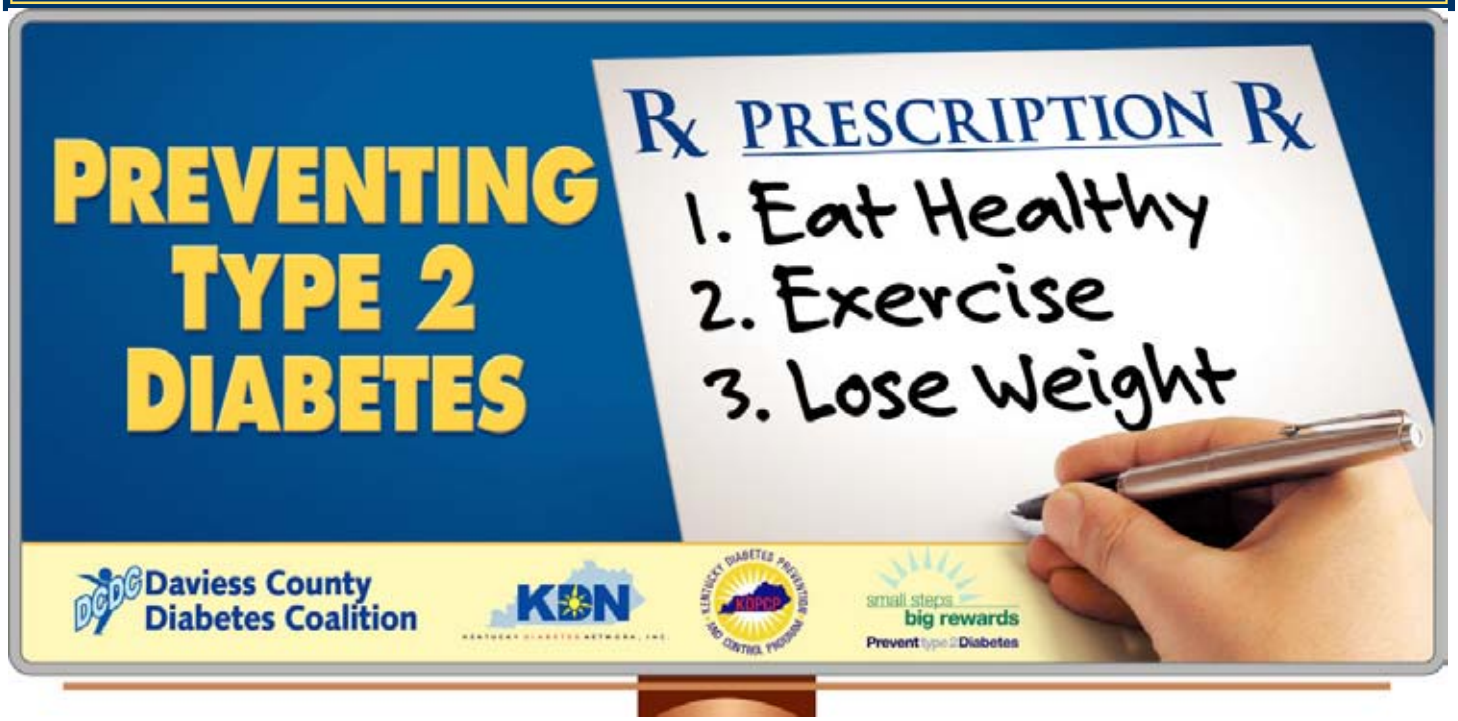
The Daviess County Diabetes Coalition (DCDC) President, Paul Puckett, cuts the ribbon signifying that the Diabetes Coalition is now an official member of the Greater Owensboro Chamber of Commerce.

DCDC plans to work with area businesses in diabetes prevention and control activities. DCDC members encourage other Coalitions to consider doing the same.

DCDC

Daviess County Diabetes Coalition 2008 Billboard Design

12 Billboards in 2008



Submitted by Mary Tim Griffin, RD, LD, Regional Diabetes Coordinator, Kentucky Diabetes Prevention and Control Program of the Green River District Health Department, and member of the Daviess County Diabetes Coalition

SAVE THE DATES --- UPCOMING DIABETES SEMINARS & WEBINARS!

CME for Physicians — FREE

CHRONIC CARE OF DIABETES CME home study available through the Kentucky Medical Association. Includes two sections: **"*Recommendations for Monitoring, Education, and Treatment,"*** and **"*Translating Recommendations into Clinical Practice.*"** Free. Provides 3 AMA PRA Category 1 Credits™. Available to download on the KMA Website (www.kyma.org go to physician resources — continuing medical education — schedule of events).

SEPTEMBER 23, 2008 — FREE

Strategies in Action: Initiating, Titrating, and Intensifying Insulin Analog Therapy in Patients with Type 2 Diabetes
Presented by Wendell Miers, MD and sponsored by Novo Nordisk, Malone's Banquet Hall, Lexington. To register, download the registration from the KADE (KY Association of Diabetes Educators) website www.kadenet.org. For questions call 866-767-8268.

SEPTEMBER 26, 2008 —Low Cost — TRADE Program

- **All Day Diabetes CEU for Nurses, Dietitians, Pharmacists**
- **Counts for Certified Diabetes Educator (CDE) Renewal**
- **Western KY University Campus, Carroll Knicely Center, Bowling Green, KY**

For more information / brochure contact Mary Tim Griffin 270-686-7747 X 3019 or email mary.griffin@ky.gov

OCTOBER 1, 2008 — Low Cost

Evansville IN; All Day CEU covering chronic complications, diabetes care in the older adult, renal disease, retinopathy; cost $45; 5.2 nursing contact hours - 6.0 dietitian contact hours - counts for CDE renewal; for brochure contact Deaconess Hospital, Tricia MacCollum 812-450-7279 or www.deaconess.com.

OCTOBER 3, 2008 -- FREE

- **Southern KY AHEC, Baptist Regional Medical Center, the KY Diabetes Prevention and Control Program and Partners**
- **All Day Diabetes CEU for Nurses, Dietitians, Pharmacists, Physicians, Dentists, Social Workers and More**
- **Counts for Certified Diabetes Educator (CDE) Renewal**
- **Corbin Technology Center**

For more information / brochure contact Anna Jones Southern KY AHEC 800-711-0291 or Cindi Farmer at Baptist Regional Medical Center 606-526-8319

OCTOBER 10, 2008 — Low Cost — KADE Program

Beyond Giving Advice: Lifestyle Counseling in Obesity and Diabetes; St. Joseph Hospital, Keeneland Auditorium; Cost $60 ; 4 CEU's approved by AADE — counts for CDE renewal; online registration preferred at www.kadenet.org; Questions contact DanaGraves gravesdb@sjhlex.org or Diane Ballard DianeBallard@alltel.net

OCTOBER 24, 2008 -- Low Cost

Murray-Calloway County Hospital program at the Glendale Church of Christ, Murray. Agenda includes practical use of insulin in type 2, management issues for chronic kidney disease, covering carbohydrates, insulin pumps, and obesity in childhood. Pre-registration required by 10/21/08. $25 including lunch. For more information or to pre-register, call 270-762-1806.

NOVEMBER 21, 2008 – Low Cost Kentucky Statewide Diabetes Symposium *In Recognition of World Diabetes Day*

- **KY Chapters of the American Association of Diabetes Educators (AADE) DECA, KADE, GLADE, TRADE, state diabetes program (KDPCP), state coalition (KDN)**
- **All Day Diabetes CEU for Nurses, Dietitians, Pharmacists**
- **Counts for Certified Diabetes Educator (CDE) Renewal**
- **Location – Shepherdsville, KY**

For more information / brochure contact Janice Haile 270-686-7747 X 3031 or janice.haile@ky.gov

American Association of Diabetes Educators Webinars

Designed for individual or groups of diabetes educators, including RNs, RDs, Pharmacists, Nurse Practitioners, Clinical Nurse Specialists, etc. Cost is $125/site for AADE members and $155 for nonmembers. Registration entitles you to 1 computer connection, 1 telephone connection and CE credit for all participants, regardless of the number of individuals participating at your site. Most of the programs are 60-90 minutes in length. For more information, go to www.diabeteseducator.org/ProfessionalResources/products.

- **09/17/08 –** ***Complementary and Alternative Medicine for Diabetes***
- **10/02/08 –** ***Tips & Techniques for Working With Infants and Children***
- **10/16/08 –** ***Tips & Techniques for Working with Adolescents & Young Adults***
- **11/05/08 –** ***Cultural Competency: Are You Speaking the Right Language?***
- **12/03/08 –** ***Diabetes and Disabilities***
- **01/14/09 –** ***Advanced Carb Counting***
- **02/04/09 –** ***Advanced Pump Techniques***
- **03/04/09 –** ***The Artificial Pancreas Project***
- **05/06/09 –** ***Teaching Tips***

American Association of Diabetes Educators Webcasts On-Demand

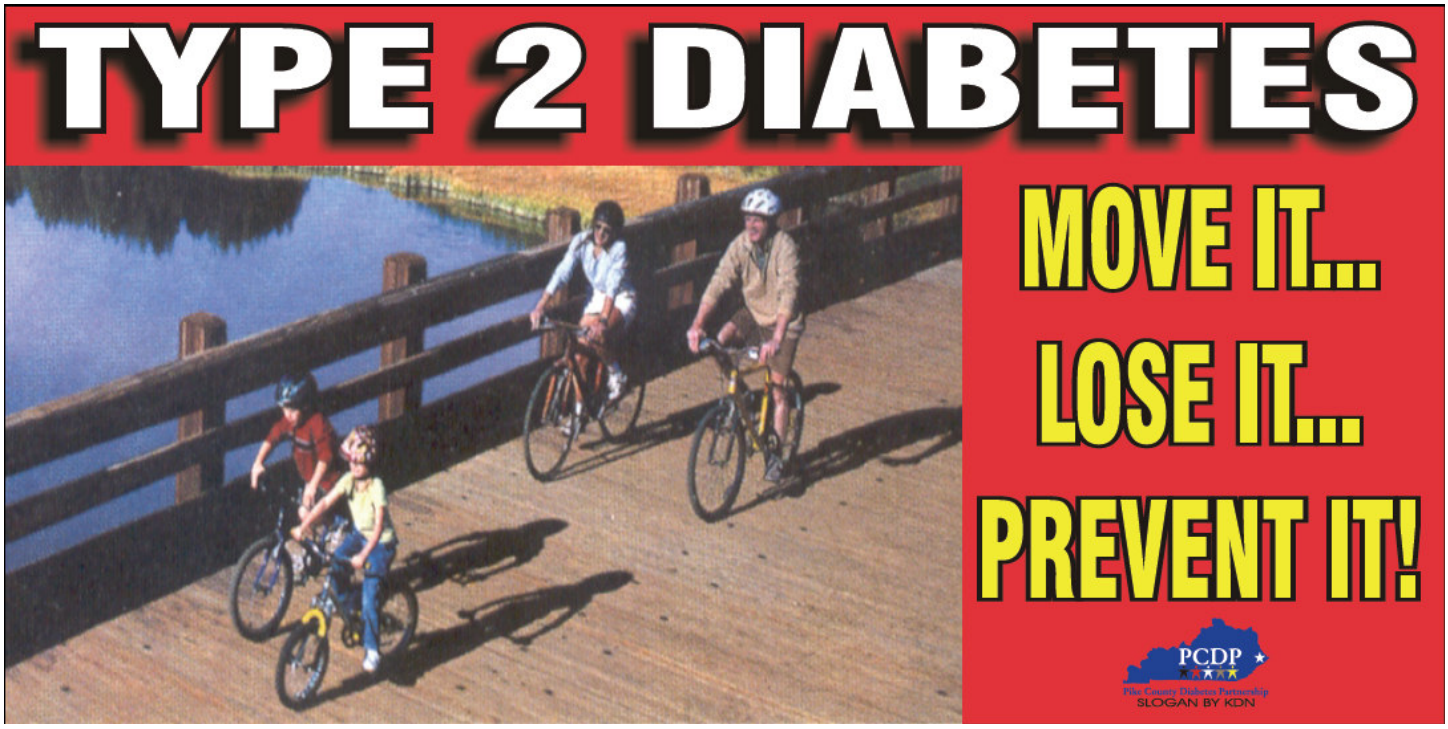
Diabetes Education Services: Reimbursement Tips for PCP. Free on-demand webcast that encourages you to think of workable solutions for partnering with your community physicians in their offices. Each participant will receive 5 free copies of a new booklet on this topic. Note: CE credit is NOT available for this webcast. For more information, go to www.diabeteseducator.org/ProfessionalResources/products.

American Association of Diabetes Educators Print Supplements – *The Diabetes Educator*

Earn CE credit by reading supplements published in this journal (available free to AADE members). The post-tests and Statements of Credit are available from www.diabeteseducator.org/ProfessionalResources/products.

FREE Online Module – *Diabetes and Depression*

Go to http://www.diabetesnm.org/.



Submitted by Paula Compton, RN, Pike County Health Department, and the Pikeville Diabetes Coalition, Pikeville, Kentucky

KENTUCKY DEATH CERTIFICATE UPDATED WITH DIABETES STATEMENT

UPDATE TO ARTICLE PUBLISHED IN THIS NEWSLETTER (From First Quarter 2008, p.6)

House Bill (HB) 36, intended to improve the accuracy of Kentucky's diabetes mortality data on death certificates passed during the 2008 legislative session. Because of this, Kentucky's death certificate was recently updated to include a new diabetes statement.

Background: In 2002, in order to obtain more accurate data regarding Kentucky's burden of diabetes, legislators passed a law that required 2 questions (diabetes check boxes) be added to Kentucky death certificates:

1. ***Did the deceased have Diabetes? and***
2. ***Was Diabetes an immediate, underlying, or contributing cause of, or condition, leading to death?***

When data from these 2 questions (diabetes check boxes) was examined and compared to mortality data before their addition in 2002, it indicated that diabetes was indeed being underreported in Kentucky. However, the data has also shown that the addition of these 2 questions ("diabetes check boxes") has actually worsened the official reporting of diabetes in Kentucky. This is because only data "written in" Part I "Cause of Death" section or Part II "Contributing Cause of or Condition Leading to Death," is counted within Kentucky's mortality data by the ***National Center for Health Statistics (NCHS).*** Diabetes data collected within the "diabetes check boxes" **IS NOT** counted in Kentucky's mortality data by NCHS.

Due to the issues outlined above as well as the numbers of death certificates being returned when knowledge of diabetes is not known, diabetes advocates and the Kentucky Department for Public Health recommended the following two changes:

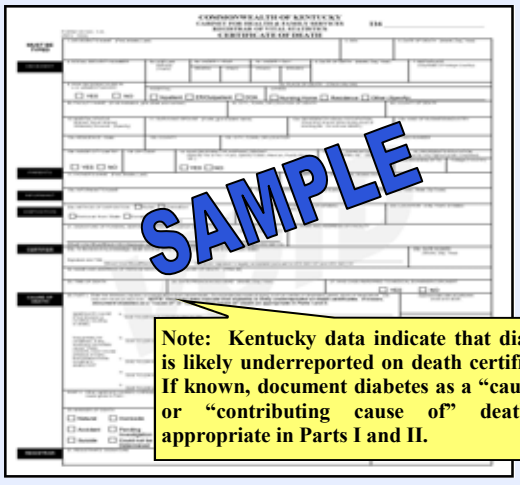
Delete the "diabetes check boxes" from Kentucky death certificates and replace them with the following statement:

Note: Kentucky data has shown that diabetes is underreported on death certificates. If known, document diabetes as a "cause of" or "contributing cause of" death as appropriate.

The recommendation for specific language regarding diabetes to be added to Kentucky death certificates was noted by Dr. William Hacker, Commissioner for the Kentucky Department for Public Health, in testimony before the Health and Welfare Committee, and again by the sponsor of HB 36, Representative Hubert Collins.

Dr. Hacker recently noted that the Kentucky Department for Health Services added the "new" language regarding diabetes to Kentucky death certificates and removed the diabetes check boxes.

Updated KENTUCKY Death Certificate 2008



Steps to Accelerate Adoption of Electronic Prescribing Taken

Medicare is starting a new program to encourage physicians to adopt e-prescribing systems. Incentive payments will be available beginning in 2009 for physicians who meet the requirements of the program. The initiative is part of the Administration's broader efforts to accelerate the adoption of health IT and the establishment of a health care system based on value.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with the requirement for being a successful prescriber would result in significant hardship.

To read more, see the entire HHS Fact Sheet at http://www.hhs.gov/news/facts/eprescribing.html.

Henderson County Diabetes Coalition Recognizes 10 Years of Successful Programs by Local Support Group

Submitted by: Jenny Carter, Henderson County Diabetes Coalition Vice President, Henderson, KY

The Henderson County Diabetes Coalition (HCDC) held a summer picnic in July in recognition of the 10 year anniversary of the local support group. Programs have been held for 10 years with approximately 20-40 people attending monthly. **CONGRATULATIONS!!**

Diabetes Support Group Founder, Jenny Carter, left above, and Linda Fox, Charter Member, right above, Organized an Anniversary Picnic to Recognize Local Support Group Members (photo below)

Pike County Billboards Focus on Diabetes Prevention

Submitted by Paula Compton, RN, Pike County Health Department, and the Pikeville Diabetes Coalition, Pikeville, Kentucky

2008 Kentuckiana JDRF Chapter Walks — Mark Your Calendars!

When: September 20, 2008
What: Bluegrass Region Walk to Cure Diabetes
Where: Jacobson Park, Lexington

When: September 23, 2008
What: Greater Louisville Walk to Cure Diabetes
Where: Bowman Field / Seneca Park, Louisville

For more information:
Juvenile Diabetes Research Foundation (J DRF)
133 Evergreen Road, Suite 101
Louisville, KY 40243
502-485-9397
Email kentuckiana@jdrf.org
www.jdrf.org

American Diabetes Association "Twilight in the Park" Gala

Saturday, October 25th
at the
Kentucky Horse Park's Grand Pavilion

This Gala is an effort to raise funds for research, advocacy efforts, support groups and camps for children who have diabetes in Central and Eastern Kentucky.

As part of this event, the American Diabetes Association (ADA) is pleased to offer the opportunity to honor or remember those individual(s) in your life that are currently living with diabetes or have struggled with this disease. For a special gift of $25 to the ADA, you may purchase a luminary that will be displayed at this year's event and bear the name of this important person in your life. During the night, we will have a moment of reflection for those represented by the luminaries as a way to signify commitment to those individuals and the mission of the American Diabetes Association. (Payment required by October 1, 2008.)

For more information or to obtain a luminary purchase form, please call Mrs. Stevie Goh, RN, CDE, Central Baptist Hospital Diabetes Education, at (859) 260-5122 or April Enix, ADA Associate Manager, at (888) 342-2383 ext. 3307.

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati.

Date: September 15, 2008
Time: 5:30 pm Registration
6-7 pm Education Offering
Location: Good Samaritan Hospital Conference Center
Speaker: Dr. Kerlakian, Board Certified Surgeon
Topic: **Metabolic Surgery and the Resolution of Type 2 Diabetes**

Date: October 20, 2008
Time: 5:30 pm Registration
6-7 pm Education Offering
Location: Good Samaritan Hospital Conference Center
Speaker: Dr. Dana Hardin, Ohio State University
Topic: **Understanding Behavioral Change to Help Improve Diabetes Outcomes**

Date: November 3, 2008
Time: 5:30 pm Registration
6-7 pm Education Offering
Location: Good Samaritan Hospital Conference Center
Speaker: Dr. Michael Canos, Northern Kentucky Center for Diabetes and Hormone Disorders
Topic: **Inpatient Management of Hyperglycemia**

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month. Registration required. For meeting schedule or to register, please contact Diana Metcalf at Diana.Metcalf@nortonhealthcare.org.

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com.

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to http://kadenet.org/ or contact:

Dana Graves Diane Ballard
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org DianeBallard@alltel.net

Program: **KADE Fall Symposium**
Beyond Giving Advice: Lifestyle Counseling in Obesity and Diabetes Care
Date: October 10, 2008
Time: 8:15 am — 1:15 pm
Location: St. Joseph Hospital
Keeneland Auditorium, 1st Floor
Harrodsburg Road
Lexington, KY
Fee: $60 (Payable to KADE)
Register: www.kadenet.org

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2008 meeting times are 10:00 am—3:00 pm EST
"First-timers" should arrive by 9:30 am

Date: November 7, 2008
Masterson's Restaurant Louisville, KY

2009 KDN Meeting Dates: March 13, 2009
June 5, 2009 September 11, 2009 November 6, 2009

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Mary Tim Griffin at mary.griffin@ky.gov.

TRADE WORKSHOP 2008
SEPTEMBER 26, 2008
CARROLL KNICELY CENTER
BOWLING GREEN

2009 TRADE Meeting Dates — Details Soon
January 15, 2009
April 16, 2009
July 16, 2009
Workshop Fall 2009

Kentucky Diabetes Connection

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Owensboro, KY 42302-0309

Don't Forget to Immunize Your Diabetes Patients for Flu and Pneumonia!!

Contact Information

American Diabetes Association.
Cure • Care • Commitment
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
www.aadenet.org/AboutAADE/Chapters.html

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass / Eastern Chapter
A Chapter of AADE

GLADE
GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
1984
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
Kentucky
UNBRIDLED SPIRIT
www.chfs.ky.gov/dph/ach/cd/diabetes

JDRF Juvenile Diabetes Research Foundation International
dedicated to finding a cure
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

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Diabetes Educators Cincinnati Area
www.aadenet.org/AboutAADE/Chapters.html

AACE American Association of Clinical Endocrinologists
Ohio River Regional Chapter
www.aace.com
Kentuckiana Endocrine Club
joslin@fmhhs.com

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